Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL

Signature

Anthony &

Attorney Docket No. First Inventor or Application Identifier Anthony I. Provitola

System of Secret Internet Web Sites,

EJ356200814US (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b) Express Mail Label No.

Provito

	PPLICATION ELEMENTS apter 600 concerning utility patent applica	tion contents.	AL	DDRESS TO): Box Patent A		547
X (Su 2. X Spi (pre - D - C	ee Transmittal Form (e.g., PTO/SE abmit an original and a duplicate for fee precification [Total Pale effect of the Invention ross References to Related Applicate tatement Regarding Fed sponsored reference to Microfiche Appendix	V17) occessing) iges 13	(<i>if</i> .	ccleotide and/capplicable, al. Co	or Amino Acid S <i>I necessary)</i> Imputer Readab per Copy (ident	gram <i>(Appendix)</i> Sequence Submission	<u>D</u>
	ackground of the Invention			ACCOMP	ANYING APP	LICATION PARTS	
- 8 - D - C - A 3. X Dra 4. Oath or C a. X b.	rief Summary of the Invention rief Description of the Drawings (if finetailed Description laim(s) bstract of the Disclosure awing(s) (35 U.S.C. 113) [Total She Declaration [Total Parallel Para	ges 2] oy) 7 C.F.R. § 1.63(16 completed) R(S) ched deleting prior application, (2) and 1.33(b).	13. X 14 15	37 C.F.R.§ (when the English Tr Informatio Statement Preliminar Return Re (Should b. Small Er Statement (PTO/SB/05) Certified C	§3.73(b) Statemere is an assigneranslation Document Disclosure to (IDS)/PTO-144 by Amendment Deceipt Postcard despecifically itentity State (IS)	Attorney ment (if applicable) Gopies of IDS Citations (MPEP 503) mized) ement filed in prior applications cus still proper and desired Cocument(s)	tion,
	DIN A PRIOR APPLICATION IS RELIED UPON				••••••		
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No: Prior application information: Examiner Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS							
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below							
Name	Anthony I. Provitola	1					
Address	Post Office Box 2855		. =				\dashv
City	DeLand	State	Florid	ia	Zip Code	32721-2855	
Country	U.S.A.	Telephone	(904)	734-5502	Fax	(904) 736-3177	
Name (F	PrintType) Anthony 7. Prov	ritola	B	egistration No.	(Attomey/Agent)		1

Date

Mar.

28

2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

٥ J Ш m m IJ Ţ ٥ Ш ľŲ



Provitola

SUBTOTAL (3)

PTO/SB/17 (12/99)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Group / Art Unit

Compl te if Known **Application Number** for FY 2000 Filing Date Patent fees are subject to annual revision. First Named Inventor Anthony I. Small Entity payments must be supported by a small entity statement, **Examiner Name** otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 345.00		Attor	ney [ocket	No.		
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit	Large Fee		y Sma Fee	L FE II Entity Fee e (\$)		Fee Description	Fee Paid
Account Number	105	130	205	65	Surcharg	ge - late filing fee or oath	
Deposit Account	127	50	227	25	Surcharg cover sh	ge - late provisional filing fee or eet.	
Name	139	130	139	130	Non-Eng	lish specification	
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	147	2,520	147	2,520	_	a request for reexamination	
	112	920*	112	920*	Request Examine	ing publication of SIR prior to r action	
2. Payment Enclosed: X Check Money Other	113	1,840*	113	1,840*	Request Examine	ing publication of SIR after r action	
FEE CALCULATION	115	110	215	55		n for reply within first month	
1. BASIC FILING FEE	116	380	216	190		n for reply within second month	
Large Entity Small Entity	117	870	217			n for reply within third month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118	1,360	218	680		n for reply within fourth month	
404 600 004 045 1877 677	128	1,850	228	925		n for reply within fifth month	
101 690 201 345 Utility filling fee 345	119	300	219	150	Notice of	••	
107 480 207 240 Plant filing fee	120	300	220	150	•	orief in support of an appeal	
108 690 208 345 Reissue filing fee	121	260	221	130	•	for oral hearing	
114 150 214 75 Provisional filing fee	138	1,510	138	1,510		o institute a public use proceeding	
	140	110	240	55	Petition	to revive - unavoidable	
SUBTOTAL (1) (\$) 345	141	1,210	241	605	Petition	to revive - unintentional	
2. EXTRA CLAIM FEES	142	1,210	242	605	Utility iss	sue fee (or reissue)	
Fee from Extra Claims below Fee Paid	143	430	243	215	Design is		
Total Claims20** = X =	144	580	244	290	Plant iss	ue fee	
Independent 3** = X =	122	130	122	130	Petitions	to the Commissioner	
Multiple Dependent =	123	50	123	50	Petitions	related to provisional applications	
**or number previously paid, if greater; For Reissues, see below	126	240	126	240	Submiss	ion of Information Disclosure Stmt	
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40		ng each patent assignment per (times number of properties)	
103 18 203 9 Claims in excess of 20	146	690	246	345		submission after final rejection § 1.129(a))	
102 78 202 39 Independent claims in excess of 3	149	690	249	345	•	additional invention to be	
104 260 204 130 Multiple dependent claim, if not paid	1					d (37 CFR § 1.129(b))	
109 78 209 39 ** Reissue independent claims over original patent	Other	fee (sp	ecify)			·	

SUBMITTED BY			Complete (if applicable)		
Name (Print/Type) Anthony I. Provitola	Registration No. (Attorney/Agent)	Telephone	(904) 734-5502		
Signature		Date	March 28, 2000		

Reduced by Basic Filing Fee Paid

Other fee (specify)

WARNING:

SUBTOTAL (2)

** Reissue claims in excess of 20

and over original patent

110

18 210

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.